

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018918

Entity Name: JOURNEY DEVELOPMENT, LLC

FILED  
Jan 19, 2009  
Secretary of State

**Current Principal Place of Business:**

7011 US HIGHWAY 98 N  
LAKELAND, FL 33809

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 365  
KATHLEEN, FL 33849

**New Mailing Address:**

FEI Number: 01-0787412

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WHITE, SALLY J  
7011 US HIGHWAY 98 N  
LAKELAND, FL 33809 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WHITE, SALLY J  
Address: 7011 US HIGHWAY 98 N  
City-St-Zip: LAKELAND, FL 33809

Title: MGRM ( ) Delete  
Name: WHITE, ERNIE D  
Address: 7011 US HIGHWAY 98 N  
City-St-Zip: LAKELAND, FL 33809

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WHITE, SALLY J MGRM  
Address: 7011 US HIGHWAY 98 N  
City-St-Zip: LAKELAND, FL 33809

Title: MGRM (X) Change ( ) Addition  
Name: WHITE, ERNIE D MGRM  
Address: 7011 US HIGHWAY 98 N  
City-St-Zip: LAKELAND, FL 33809

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SALLY J WHITE

MGRM

01/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date